

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012749

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280 Primary Registration District No. \_\_\_\_\_ Registrar's No. 19VS 300  
Rev. 4/59683028352

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1290-0131-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Watts</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ark.</u> b. COUNTY <u>Monticello</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Parkville</u>		c. CITY OR TOWN <u>Fort Gibson</u>	
Length of stay in lb <u>7 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home.</u>		d. STREET ADDRESS (If outside, give location) <u>R.T. 1</u>	
3. NAME OF DECEASED (Type or print) First <u>Nora</u> Middle <u>Neal</u> Last <u>Shaffer</u>		4. DATE OF DEATH Month <u>Mar.</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 11 - 1898</u>
9. AGE (last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>	
11. BIRTHPLACE (City and state or country) <u>Sherman Texas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Burtram</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen</u>	
14. NAME OF HUSBAND OR WIFE <u>Sam S Shaffer</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>63-10-63</u>		17. INFORMANT <u>Ma Elora Malore</u> Address <u>Rt 29 K.C. 52</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY) IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>3-10-63</u> to <u>3-16-63</u> and last saw her alive on <u>3-10-63</u> Death occurred at <u>4 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Thurman M.D.</u>		22b. ADDRESS <u>6680 Tower Dr. Parkville</u>	
22c. DATE SIGNED <u>3-17-63</u>		23a. BIRTH, CREMATION, REMOVAL (Specify) <u>Mar 17 - 1963 Ft. Gibson</u>	
23b. DATE <u>Mar 17 - 1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Ft. Gibson Ark</u>	
23d. LOCATION (City, town, or county) <u>Ark</u>		24. FUNERAL DIRECTOR <u>Leland St. Francis Parkville</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar. 17, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Upham Rollins</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leland G. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.